

The State's Section 1915(c) HCBS Comprehensive Aggregate Cap Waiver & Statewide Waiver Renewal and Self-Determination Waiver Amendment

TennCare is seeking public comment for the five-year renewal of its Section 1915(c) Home and Community Based Services (HCBS) Statewide Waiver and Comprehensive Aggregate Cap Waiver (set to expire on December 31, 2019), with minimal adjustments. TennCare is also submitting a Self-Determination Waiver amendment to align waiver requirements, where appropriate. The Statewide Waiver, Comprehensive Aggregate Cap Waiver and the Self-Determination Waivers are operated by the Department of Intellectual and Developmental Disabilities (DIDD). Modifications include the following:

1. Reflect the completion of the State's approved Statewide Transition Plan in each of the three 1915(c) Waiver Programs.
2. Applicable only to the Statewide Waiver and Self-Determination Waiver, the state will clarify the cost caps/limits as it relates to rate changes and access to individual employment supports.
3. In each 1915(c) HCBS Waiver Program, the state will re-word performance measure QPa.i.c.1 to calculate the number of required trainings completed rather than staff who completed the required trainings. The measure has been re-worded as follows:
QP a.i.c.1. # and % of required trainings newly employed (or reassigned) direct support staff delivering services to waiver participants have completed prior to direct service delivery. Percentage = # and % of required trainings newly employed (or reassigned) direct support staff delivering services to waiver participants have completed prior to direct service delivery / total number of required trainings each newly employed (or reassigned) direct support staff are required to take prior to direct service delivery.
4. In each 1915(c) HCBS Waiver Program, the state will clarify requirements in the Facility Based Day Supports service definition in Appendix C to be clear that it cannot be billed on the same day as the Intermittent Employment and Community Integration Wrap-Around Support service.
5. In each 1915(c) HCBS Waiver Program, the state will clarify requirements in the Intermittent Employment and Community Integration Wrap-Around Support service definition in Appendix C to be clear that it cannot be billed on the same day as the Facility Based Day Supports service.

6. In each 1915(c) HCBS Waiver Program, the state will clarify requirements in the Supported Employment – Individual Supports service definition to be clear that employment through state use programs is prohibited for anyone not currently employed through a state use program; however, individuals currently employed through state use programs may continue to keep their job until, for any reason, employment through the state use program is lost, at which point, employment through a state use program will no longer be an option for those individuals.
7. In each 1915(c) HCBS Waiver Program, the state will clarify requirements in the Non-Residential Homebound Support service definition to ensure that this service is limited to no more than 10 days in any 14 day billing cycle, that the service cannot be billed until the homebound requirement is met—unable to participate in any employment or day service OR to leave the home except for medical treatment or medical appointments and for at no more than 2 hours a day for at least 5 days in the billing period, and cannot be billed on any day when any other employment or day service is provided.
8. Applicable only to the Statewide Waiver and Comprehensive Aggregate Cap Waiver, the state will clarify in the residential services definitions the provider is responsible for providing an appropriate level of services and supports for **up to** 24 hours per day during the hours the person supported is not receiving day services, is not at school or work, based on the person's support needs. Persons supported should receive the amount of support they need while also, consistent with the federal HCBS Settings Rule, have freedom in choosing to spend time alone or engage in activities without paid staff present, unless there are specific safety concerns that cannot be mitigated to a tolerable level of risk. Providers are responsible for providing an appropriate level of supports, including enabling technology, paid staff, and natural supports, as applicable, to ensure each person's health and safety, while maximizing personal choice and independence, and not restricting individual rights and freedoms, except as minimally necessary and in accordance with the federal Rule.
9. Applicable only to the Statewide Waiver and Comprehensive Aggregate Cap Waiver, the state will update ISC monitoring requirements to reflect a stratified approach for conducting face-to-face visits, based on the individual's level of support need.

10. In each 1915(c) HCBS Waiver Program, the state will delete performance measures H.W.a.i.9 and H.W.a.i.13 as requested by CMS.
11. In each 1915(c) HCBS Waiver Program, the state will delete performance measure H.W.a.i.24 and add H.W.a.i.25 in its place to ensure the measure is more clearly focused on assuring the provision of appropriate health care for waiver participants (including follow-up with recommendations from physicians and other healthcare providers), rather than provider processes and documentation. The new measure will read as follows: **“Number and percentage of people whose emerging health problems or issues are being addressed by provider staff. Numerator = Number of people whose emerging health problems or issues are being addressed by provider staff. Denominator= Total # of persons supported in the sample during the month.”**
12. In each 1915(c) HCBS Waiver Program, the state will update performance measure FA.a.i.1 language to reflect the positive outcome of the measure as follows: **“Number and percentage of claims correctly billed with correct billing codes and service rates. Numerator: Percentage = number of claims correctly billed with correct billing codes and service rates / total number of claims submitted.”**
13. The state will amend the Self-Determination Waiver to extend for 2 additional years (a total of 5 years instead of 3 years).

To ease your review, proposed changes are tracked in the Summary Document *Proposed Modifications for the January 1, 2020 Renewals of the State’s Section 1915(c) Home and Community Based Services (HCBS): the Comprehensive Aggregate Cap Waiver & Statewide Waiver and the Self-Determination Waiver Amendment*.

Please use this form to submit comments online. The comment period begins August 13, 2019 and ends at close of business (4:30 p.m. Central) on September 13, 2019.

While we always welcome program feedback broadly, we ask that you please limit your comments in this survey to topics relevant to the renewal/amendment of the Section 1915(c) HCBS Waiver programs. Please include the page and section number of the renewal/amendment document for each comment you submit.

If you prefer, you may mail written comments to:

ATTN: Comments on 1915(c) HCBS Waiver Renewal/Amendment
TennCare, Long-Term Services and Supports Division

310 Great Circle Rd.
Nashville, TN 37243

Posted at this link:

<https://www.tn.gov/tenncare/policy-guidelines/tenncare-1915-c-hcbs-waivers.html>